

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019972

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 294Primary Registration District No. 3056Registrar's No. 119

STATE FILE NUMBER

FILED MAY 24 1962

1. PLACE OF DEATH

a. COUNTY

Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Moberly

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Community Memorial Hosp.

Inside Limits
Yes ☒ No ☐c. CITY
OR
TOWN

Moberly

d. STREET
ADDRESS(If outside, give location)
1121 Woody Ave.Inside Limits
Yes ☒ No ☐Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

GARLAND

Middle

GRANVILLE

Last

GUILD

4. DATE
OF
DEATH

Month

MAY

Day

13

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-28-1894

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Owner

10b. KIND OF BUSINESS OR INDUSTRY

Guild Motor Co.

11. BIRTHPLACE (City and state or country)

Moberly, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Guild

13b. MOTHER'S MAIDEN NAME

Margaret Lanham

14. NAME OF HUSBAND OR WIFE

Agnes Guild

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Garland Guild

Moberly

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac failure
Coronary thrombosisConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH

1 hr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

June 1940
4.05 p.m.

May 13

and last saw her alive on

May 13

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. J. Hammond D.O.

(Degree or title)

22b. ADDRESS

Moberly, Mo.

22c. DATE SIGNED

5/14/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

5-16-1962

23c. NAME OF CEMETERY OR CREMATORY

St. Mary's

23d. LOCATION (City, town, or county)

Moberly

(State)

Mo.

24. FUNERAL DIRECTOR

Mahan Funeral Service

ADDRESS

Moberly

25. DATE RECD. BY LOCAL REG.

5-16-62

26. REGISTRAR'S SIGNATURE

Leah Blouwe

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 0887

2 0887

3

4 0

5 1

6

7 0

8 0

9 420.1

10

11

12 1-2

13 1-0

MAY 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John A. Greer

Licensed Embalmer No. 3815

P. O. Address

Montgomery, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.